

**Commonwealth of Kentucky  
Kentucky State Board for Proprietary Education  
PO Box 1360  
Frankfort, Kentucky 40602  
502/564-3296, ext. 239**

**APPLICATION FOR COMMERCIAL DRIVER LICENSE  
TRAINING SCHOOL AGENT**

**Section I**

I hereby make application for a permit to act as a Proprietary School Agent in the Commonwealth of Kentucky:

Mr./Mrs./Miss/Ms. \_\_\_\_\_

Home Address: \_\_\_\_\_

Street

City

State

Zip

Phone

**SECTION II**

Birthplace: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_ Ht. \_\_\_\_ Wt. \_\_\_\_

1. Have you been a licensed school agent before? \_\_\_\_ Yes \_\_\_\_ No  
If yes, indicate name and location of school: \_\_\_\_\_
2. Have you ever been refused an Agent's Permit in any state or had it revoked or suspended? \_\_\_\_ Yes \_\_\_\_ No
3. Have you ever been dismissed from any position for immoral or unprofessional conduct? \_\_\_\_ Yes \_\_\_\_ No
4. Have you ever been arrested, indicted or convicted of violation of the law (excluding minor traffic violations)? \_\_\_\_ Yes \_\_\_\_ No  
If the answer to 1, 2, 3, or 4 above is Yes, explain the circumstances fully on an attached sheet.
5. Are you currently employed in some other occupation? \_\_\_\_ Yes \_\_\_\_ No  
If yes, indicate the occupation and location: \_\_\_\_\_

**SECTION III**

Name of school you will represent: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Phone

Name of immediate supervisor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street

City

State

Zip

Phone

***State law requires a state and national criminal history background check of all agents/recruiters as a condition of applying for this license. Any person who refuses to submit to a criminal history background check shall not be eligible to apply for, or be issued, an agent permit.***

## SECTION IV

I certify that I will abide by the rules, regulations, and standards established by the Kentucky State Board for Proprietary Education, pursuant to KRS Chapter 165A and Administrative Regulations. I further certify that all the information given in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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## SECTION V-CERTIFICATES OF CHARACTER

*(Must be completed by responsible persons other than relatives or co-workers)*

1. I certify that I am personally acquainted with \_\_\_\_\_ and that to the best of my knowledge and belief, he/she is of good moral character, I therefore recommend him/her as being worthy to be issued a permit to act as a Proprietary School Agent in the Commonwealth of Kentucky.

Name: \_\_\_\_\_ Profession: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. I certify that I am personally acquainted with \_\_\_\_\_ and that to the best of my knowledge and belief, he/she is of good moral character, I therefore recommend him/her as being worthy to be issued a permit to act as a Proprietary School Agent in the Commonwealth of Kentucky.

Name: \_\_\_\_\_ Profession: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## SECTION VI-SCHOOL CERTIFICATION

1. This agent is covered by a \$5,000 (Five Thousand Dollar) surety bond as indicated by: (mark one)

? Form PE-006, Blanket Agent Bond

? Continuation Certificate # \_\_\_\_\_ of the \_\_\_\_\_  
Insurance Company, dated \_\_\_\_\_ and expiring \_\_\_\_\_.

2. I further certify that \_\_\_\_\_ who makes this application, will be in my employ after licensure by the KENTUCKY STATE BOARD FOR PROPRIETARY EDUCATION. To the best of my knowledge, he/she is worthy to be licensed.

\_\_\_\_\_  
(Name of School)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

**INSTRUCTIONS TO AGENTS:**

1. This application should be typed or printed legibly and completed in its entirety.
2. A recent passport-type photo, no larger than 2"x2", must be submitted with the application.

**INSTRUCTIONS TO CHIEF SCHOOL ADMINISTRATOR:**

1. Complete Section VI on applicant.
2. Include the permit fee of \$150 and application fee of \$20 by certified check or money order made payable to the **Kentucky State Treasurer. DO NOT SEND CASH. The \$34.00 fingerprint card processing fee must also be included paid by separate certified check or money order.**
3. Submit this application, surety bond, application fee, & photograph to the State Board office at:  
**PO Box 1360, Frankfort, Kentucky 40602, or 911 Leawood Drive, Frankfort, KY 40601.**

